



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail
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REMITTANCE FORM

Effective June 25, 2013 there will be a 2% Convenience Fee added to the total for credit card payments only

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Phone (____) _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) _____, (Routing #) |: _ _ _ _ _ |: (Checking Account #) |: _ _ _ _ _ |:

Reason for your payment

☐ ABC Licensing

☐ STAR Training

☐ ABC Fine

☐ Tobacco Fine

☐ Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D. # _____. License # _____ (Phone) (____) _____